

**IN THE COURT OF COMMON PLEAS  
FAMILY COURT DIVISION  
\_\_\_\_\_ COUNTY, OHIO**

	:	Case No. _____
Plaintiff	:	Judge _____
vs.		
	:	<b><u>AGREED JUDGMENT</u></b>
Defendant	:	<b><u>ENTRY</u></b>

This cause came to be heard on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ upon Movant's Motion for Reallocation of Parental Rights and Responsibilities as to the minor child(ren) of the parties to wit:

\_\_\_\_\_, d.o.b. \_\_\_\_\_

\_\_\_\_\_, d.o.b. \_\_\_\_\_

\_\_\_\_\_, d.o.b. \_\_\_\_\_

The following persons were present in court: \_\_\_\_\_

**The Court finds as follows:**

1. \_\_\_\_\_ That the following parties have executed a waiver of notice of this hearing consent(s) to an allocation of parental rights and responsibilities (custody).

Mother \_\_\_\_\_

Father \_\_\_\_\_

\_\_\_\_\_ Service was perfected through U.S. Certified Mail/U.S. Ordinary Mail/Posting

On Mother/Father \_\_\_\_\_.

2. The minor child(ren) is/are presently residing with \_\_\_\_\_.

3. Upon consideration of the evidence adduced and agreement of all parties, it is in the best

Interest of the dependent minor child(ren) to be place in the care custody and control of:

\_\_\_\_\_.

**THEREFORE IT IS ORDED, ADJUDGED AND DECREED as follows:**

**Custody**

That as to visitation/companionship with such minor child(ren):

\_\_\_\_\_ shall have reasonable and liberal visition/companionship with such  
minor child(ren) as arranged by the parties, but, no less than this Court's standard order/guide-  
lines, a copy of which is attached hereto and incorporated herein as Exhibit "A".

\_\_\_\_\_ (Other) \_\_\_\_\_

**Child Support**

\_\_\_\_\_ shall pay to \_\_\_\_\_ the amount of  
\$ \_\_\_\_\_ per month, per child, plus appropriate processing fees, for child support  
pursuant to the child support calculations attached hereto and incorporated herin as Exhibit "B"

\_\_\_\_\_ Pursuant to the child support calculations attached hereto and incorporated herein as  
Exhibit "B", the monthly support amount is \$ \_\_\_\_\_ per month, per child, plus  
appropriate processing fees; child support shall be set at \$ \_\_\_\_\_ per month, per  
child, plus appropriate processing fees in that a deviation is warranted based upon the  
following factors: \_\_\_\_\_

\_\_\_\_\_ current child support obligation is hereby terminated, effective  
\_\_\_\_\_.

All monies held in CSEA's escrow account shall be returned

to \_\_\_\_\_.

\_\_\_\_\_ (Other order insert here)

---

---

---

**Tax Dependency Exemption**

\_\_\_\_\_ For tax year \_\_\_\_\_ and future years until further order of the Court, the Residential Parent shall be entitled to claim \_\_\_\_\_ minor child(ren) as a tax dependency exemption for all tax purposes.

\_\_\_\_\_ For tax year \_\_\_\_\_ and future years until further order of the Court, the Non-Residential Parent shall be entitled to claim \_\_\_\_\_ minor child(ren) as a tax dependency exemption for all tax purposes provided he/she is substantially current in his/her child support obligation for the tax year.

\_\_\_\_\_ For tax year \_\_\_\_\_ and future years until further order of the Court, the parties shall share the claiming of the child(ren) as follows: \_\_\_\_\_

---

**Health Insurance**

\_\_\_\_\_ Neither party has health insurance available to them at a reasonable cost and the minor child(ren) currently have a medical card issued through the state.

\_\_\_\_\_ (Mother/Father/Legal Custodian) shall provide health insurance coverage for the minor child(ren).

{ } Court's Exhibit "C" ordered, attached hereto;

{ } Custodial parent is to pay all ordinary, uninsured medical, dental, optical, prescriptive expenses. \_\_\_\_\_ to pay \_\_\_\_\_ % of uninsured extraordinary expenses; (any uninsured medical expenses incurred for a child that exceed \$100.00 for that child during a calendar year).

All until further order of this court.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MAGISTRATE

\_\_\_\_\_  
JUDGE

Approved:

\_\_\_\_\_  
Signature/Mother  
(Print Name) \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature/Father  
(Print Name) \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature/Relationship to Father  
(Print Name) \_\_\_\_\_

Date: \_\_\_\_\_